

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
FILM FOR WRAPPING, the specification of which:

(check one) ☐ is attached hereto ☐ was filed on _____ as
 Application Serial No. _____ and
 was amended on _____
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Priority Claimed
<u>103239/99</u>	<u>Japan</u>	<u>09 April 1999</u> <input type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED) YES NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §156(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this applications:

<u>PCT/JP00/02276</u>	<u>07 April 2000</u>	<u>Pending</u>
(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS)
		(PATENTED, PENDING, ABANDONED)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Leonard W. Sherman	Reg. No. 19,636		
Edwin A. Shalloway	Reg. No. 19,967	Karl Hoback	Reg. No. 23,026
Richard A. Steinberg	Reg. No. 26,588	Robert L. Haines	Reg. No. 35,533
Perry Carvellas	Reg. No. 19,637		

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

SHERMAN & SHALLOWAY
 413 North Washington Street
 Alexandria, Virginia 22314

(703) 549-2282

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or first inventor	<u>Kenichi</u>	<u>YOSHIKAWA</u>
	GIVEN NAME	FAMILY NAME

Inventor's signature

Date of signature

Residence	<u>Tokyo</u>	<u>Japan</u>
	CITY	COUNTRY

Citizenship	<u>Japanese</u>
-------------	-----------------

Post Office Address

(insert complete mailing address, including country) 5-3-1, Nishikasai, Edoqawa-ku, Tokyo, 134-0088 Japan

Full name of second inventor	<u>Akira</u>	<u>KAMIKAZU</u>
	GIVEN NAME	FAMILY NAME

Inventor's signature

Date of signature

Residence	<u>Chiba</u>	<u>Japan</u>
	CITY	COUNTRY

Citizenship

Post Office Address (insert complete mailing address, including country) 2-5, Yushudai nishi, Ichihara-shi, Chiba 299-0125 Japan

Full name of third inventor		
	GIVEN NAME	FAMILY NAME

Inventor's signature

Date of signature

Residence		
	CITY	COUNTRY

Citizenship

Post Office Address

(insert complete mailing address, including country)